

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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TOTAL IND.

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TOTAL CLAIMS

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS